

SC Department of Disabilities & Special Needs

Pervasive Development Disorder Program

Early Intensive Behavioral Intervention (EIBI) Services Reporting Document

Provider #:		Provider Name:	
Consumer:		Client SSN#:	
Medicaid #:		Date Range	__/__/__ to __/__/__

A) EIBI Annual Assessment - Code H0031: Partial Assessment – Code H0032

Assessment Type	Service Amount	Rate	Total Amount Due
Annual 1 per year		\$2,100.00	
Partial up to 15 hours		\$60.00/hr	

B) EIBI Line Therapy - Code H0046

Maximum 40 hours per week with a maximum of 8 hours per day

Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Rate	Amount Due
1st									\$14.00/hr	
2nd									\$14.00/hr	
3rd									\$14.00/hr	
4th									\$14.00/hr	
5th									\$14.00/hr	
Totals									////////	

C) EIBI Lead Therapy - Code G0177

Maximum 6 hours per week

Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Rate	Amount Due
1st									\$30.00/hr	
2nd									\$30.00/hr	
3rd									\$30.00/hr	
4th									\$30.00/hr	
5th									\$30.00/hr	
Totals									////////	

D) EIBI Plan implementation – Code H0032

Maximum 6 hours per month

	Date	Date	Date	Date	Date	Date	Date			
Day								Total	Rate	Amount Due
Hours									\$60.00/hr	

CERTIFICATION: All units of service reported above have been provided in accordance with the policies and procedures for the Pervasive Developmental Disorder Waiver.

Lessons Learned Record

Signature

Date

PDD Form 18

June 6, 2008